06/20/2011 09:59

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For O	ther Than An	Authorized Cor	mmittee		Office Use Only
NAME OF COMMITTEE (in full)		EC MAILING LAB	EL Example:I over the lii	f typing, type nes		
American Academy of	Family Physic		n Committee			
ADDRESS (number and stre	eet) 202	1 Massachusetts A	venue, NW			
Check if different than previously reported. (ACC)		shington			DC	20036
2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛋		STATE	ZIPCODE 🛕
C00411553		3	B. IS THIS REPORT	NEW (N) OR	X AN (A)	IENDED
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re July 31 Mid- Report(Non- Year Only) (Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) Year election MY)	(d) 30-Day Post -Electic	e: Conve	May 20 (M5) Jun 20 (M6) Jul 20 (M7) ary (12P) ention (12C) ral (30G)	Sep	in the State of
5. Covering Period	03	01 2011	th	rough 03	3 1	2011
I certify that I have examine Type or Print Name of Trea		and to the best of mandell K. Wexler, MI		lief it is true, correct	and complete.	
Signature of Treasurer	Ele <u>ctronically F</u>	iled by Randell k	K. Wexler, MD		Date 0 6	20 2011
NOTE : Submission of fals	e, erroneous, c	or incomplete inform	nation may subject the	ne person signing th	is Report to the	penalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

A. Form/Schedule: F3XA Amended to reflect disbursement inadvertently left off original April 20, 2011 filling.

Transaction ID:

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D " D 03 0 1 2011 0.3 3 1 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011[°] 253887.79 January 1 (b) Cash on Hand at 233533.03 Begining of Reporting Period 15177.38 72692.98 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 248710.41 326580.77 6(a) and 6(c) for Column B) 55538.65 133409.01 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 193171.76 193171.76 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

М М 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10237.92 50193.76 (i) Itemized (use Schedule A) 4404.67 20621.58 (ii) Unitemized (iii) TOTAL (add 14642.59 70815.34 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 14642.59 70815.34 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 534.79 1877.64 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 15177.38 72692.98 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 72692.98 15177.38 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

	FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4 COLUMN B	
	II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date	
	Operating Expenditures: (a) Shared Federal/Non-Federal			
	Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	538.65	1409.01	
	(c) Total Operating Expenditures	538.65	1409.01	
	(add 21(a)(i), (a)(ii) and (b))	338.03	1409.01	
	Committees	0.00	0.00	
	Contributions to Federal Candidates/Committees	5500000	10000000	
	Federal Candidates/Committeesand Other Political Committees	55000.00	132000.00	
•	Independent Expenditure (use Schedule E)	0.00	0.00	
j.	Coordinated Expenditures Made by Party	2.22	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
S.	Loan Repayments Made	0.00	0.00	
	Loans MadeRefunds of Contributions To:	0.00	0.00	
۶.	(a) Individuals/Persons Other	0.00	0.00	
	Than Political Committees			
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees	0.00	0.00	
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00	
		0.00	0.00	
9.	Other Disbursements	0.00	0.00	
).	Federal Election Activity (2 U.S.C 431(20))			
	(a) Shared Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share			
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	0.00	0.00	
	With Federal Funds	0.00	0.00	
	(c) Total Federal Election Activity (add	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))			
1.	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	55538.65	133409.01	
2.	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	55538.65	133409.01	
	110111 LITTE 31)	33330.03	133409.01	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	14642.59	70815.34
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	14642.59	70815.34
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	538.65	1409.01
37.	Offsets to Operating Expenditures (from Line 15, page 3)	534.79	1877.64
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3.86	-468.63

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sole name and address of an	ld or used by any perso y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ans Political Action Co	ommittee	
۷.	Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD			Date of Receipt
	Mailing Address 4407 Leedy Rd			03 20 7 2011
	City Kingsport	State Zip C TN 3766	ode 4-2117	Transaction ID: C1262130 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72117	100.00
	Name of Employer East Tennessee State Univ- ersity	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 300.00	
. –	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD Mailing Address 830 Arbor Ln			Date of Receipt
	Walling Address 830 Arbor Ln			03 17 2011
	City Glenview	State Zip C		Transaction ID: C1257087
	FEC ID number of contributing federal political committee.	C 6002	5-3234	Amount of Each Receipt this Period 250.00
	Name of Employer Family Medicine Associates of Lutheran	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Lee Marvin Carter, MD	I		Date of Receipt
	Mailing Address PO BOX 506			03 28 2011
	City	State Zip C		Transaction ID: C1259023
	Huntingdon FEC ID number of contributing federal political committee.	TN 3834	4-0506	Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		450.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱. ا	Full Name (Last, First, Middle Initial) Mirjana Cesnjaj, MD Mailing Address 2518 Waterville Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity Champaign	State IL	Zip Code 61822-7416	Transaction ID: C1258147 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		365.00
_	Name of Employer Carl Foundation Hospital Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address 900 Ne 10Th St			Date of Receipt 0 3 1 6 2 0 1 1
(Dity	State	Zip Code	Transaction ID: C1266894
- F	Oklahoma City FEC ID number of contributing ederal political committee.	OK C	73104-5420	Amount of Each Receipt this Period 333.33
<u>1</u> 1	Name of Employer University of Oklahoma	Occupatio Physicia		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.99	
	Full Name (Last, First, Middle Initial) Wanda D Filer, MD			Date of Receipt
N	Mailing Address 510 Aqua Ct			0 3
	City York	State PA	Zip Code	Transaction ID: C1253543
F	FEC ID number of contributing ederal political committee.	C	17403-3623	Amount of Each Receipt this Period 350.00
7	Name of Employer Strategic Health Institute	Occupatio Physicia		
F	Receipt For: Primary General Other (specify)	, ' ' ' 	e Year-to-Date ▼ 1050.00	
SU	BTOTAL of Receipts This Page (optional)	1		1048.33

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 9 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold n using the name and address of any / Physicians Political Action Co	political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initi Michael O Fleming, MD Mailing Address 556 Dunmore	<u></u>		Date of Receipt 0 3 0 2 2 0 1 1
City Shreveport	State Zip Co LA 71106		Transaction ID: C1240609 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Amedisys, Inc Receipt For: Primary General Other (specify) ▼	Occupation Chief Medical Offic Aggregate Year-to-Da		_
Full Name (Last, First, Middle Initi Roland Adolph Goertz, MD Mailing Address 1600 Provide	,		Date of Receipt O 3 2 2 2 1 1
City	State Zip Co	de	Transaction ID: C1258955
Waco FEC ID number of contributing federal political committee.	TX 76707	-2261	Amount of Each Receipt this Period 416.67
Name of Employer Family Practice Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 1250.01	
Full Name (Last, First, Middle Initi Michael Edward Grady, MD Mailing Address 220 Tillicum	,		Date of Receipt 0 3 1 8 2 0 1 1
City	State Zip Co		Transaction ID: C1257517
Silverton FEC ID number of contributing federal political committee.	OR 97381	-1886	Amount of Each Receipt this Period 365.00
Name of Employer Silverton Hospital	Occupation Physician		1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 365.00	
SUBTOTAL of Receipts This Page	optional)		1031.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lori J Heim, MD Mailing Address 250 Hollybrook Farm L City Vass FEC ID number of contributing federal political committee. Name of Employer Scotland Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code NC 28394-8952 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 2 8 2 0 1 1 Transaction ID: C1259021 Amount of Each Receipt this Period 416.67
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address PO BOX 5039 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify)	State Zip Code SD 57117-5039 C Occupation Physician Aggregate Year-to-Date 675.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 1 1 2 0 1 1 Transaction ID: C1251194 Amount of Each Receipt this Period 225.00
Full Name (Last, First, Middle Initial) James Darrel King, MD Mailing Address 1 Prime Care Dr City Selmer FEC ID number of contributing federal political committee. Name of Employer Primecare Medical Center Receipt For: Primary General Other (specify)	State Zip Code TN 38375-1864 C Occupation Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 0 1 1 Transaction ID: C1261974 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	_	1641.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11/34 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physics American Physics A	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD			Date of Receipt
Mailing Address 3 Freedom Way			03 17 2011
City	State	Zip Code	Transaction ID: C1257086
Walpole FEC ID number of contributing federal political committee.	C	02081-2290	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Timothy F Linder, MD			Date of Receipt
Mailing Address 1 Prime Care Dr			0 3 3 1 2 0 1 1
City	State	Zip Code	Transaction ID: C1261959
Selmer FEC ID number of contributing federal political committee.	C	38375-1864	Amount of Each Receipt this Period 1000.00
Name of Employer Primecare Medical Center	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD			Date of Receipt
Mailing Address 615 S Mill St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fergus Falls	State MN	Zip Code 56537-2756	Transaction ID: C1266895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30337-2730	100.00
Name of Employer Lake Region Medical Group	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Kathryn J Lofgren, MD			Date of Receipt
	Mailing Address 17109 Prestwick Cir			03 / 14 / 2011
	City Edmond	State OK	Zip Code 73012-7407	Transaction ID: C1253739 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Grady Memorial Hospital	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD	<u> </u>		Date of Receipt
	Mailing Address 339 S Presa St			03 21 2011
	City	State	Zip Code	Transaction ID: C1258206
	San Antonio	TX	78205-3425	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Christus Health Care	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	300.00]
	Full Name (Last, First, Middle Initial) Marek Marek Majoch, MD			Date of Receipt
	Mailing Address 3855 Pleasant Hill Ro	l Ste 100		03 14 2011
	City Duluth	State GA	Zip Code	Transaction ID: C1253749
	FEC ID number of contributing federal political committee.	C	30096-8030	Amount of Each Receipt this Period 120.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 240.00	
$\begin{bmatrix} 1 \end{bmatrix}$	SUBTOTAL of Receipts This Page (optional)	1		585.00

City		CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. A	A 0	r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
A. Kovin B Martin, MD Mailling Address 2903 219th Ave E City State Zip Code Lake Tapps WA 98391-5634 FEC ID number of contributing federal political committee. Name of Employer Sound Family Medicine Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ State Zip Code Anount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1259022 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Date of Receipt 100.00 Date of Receipt 100.00 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1240391 Amount of Each Receipt the Period FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Self Employer Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Transaction ID: C1240391 Amount of Each Receipt the Period 25.00 Date of Receipt Transaction ID: C1240391 Amount of Each Receipt the Period 25.01 Transaction ID: C1252281 Transaction ID: C1252281 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C1252281 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1252281 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1252281 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1252281 Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Transaction ID: C1252281 Amount of Each Receipt the Period Amount of Each Receipt the Period Amount of Each Receipt the Period Aggregate Year-to-Date ▼ Aggregate Y			ans Political	Action Committee	
City State Zip Code WA 93391-5634 FEC ID number of contributing federal political committies. Name of Employer Sound Family Medicine Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code FEC ID number of contributing federal political committee. C City State Zip Code Physician Receipt For: Porimary General Occupation Physician Receipt For: Primary General Occupation Physician Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Transaction ID: C12403991 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: C12403991 Amount of Each Receipt this Period Date of Receipt Transaction ID: C1240391 Date of Receipt Transaction ID: C1240391 Date of Receipt Transaction ID: C1240391 Date of Receipt Transaction ID: C1250301 Amount of Each Receipt Transaction ID: C1250301 Transaction ID: C1250301 Amount of Each Receipt Transaction ID: C1250301 Amount of Each Receipt Transaction ID: C1250301 Amount of Each Receipt Transaction ID: C1250301 Amount of Each Rec	Α.	Kevin B Martin, MD			<u> </u>
Lake Tapps					03 28 2011
FEC ID number of contributing federal political committee. Name of Employer Sound Family Medicine Physician Receipt For: Primary General Other (Last, First, Middle Initial) John S Meigs, MD Brent AL 35034-0289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: C1240391 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Date of Receipt Transaction ID: C1220391 Amount of Each Receipt this Period Date of Receipt Transaction ID: C122281 Amount of Each Receipt this Period Date of Receipt Transaction ID: C122281 Transaction ID: C122281 Amount of Each Receipt this Period Date of Receipt Transaction ID: C122281 Amount of Each Receipt this Period Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Physician Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Amount of Each Receipt this Period Physician					
Receipt For:		FEC ID number of contributing			100.00
Primary		Name of Employer Sound Family Medicine			
Date of Receipt		Primary General	Aggregate	300.00	
C: City	— В.	John S Meigs, MD	<u> </u>		<u> </u>
Brent AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Receipt For: Primary General Occupation Physician Receipt Transaction ID: C1252281 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		Mailing Address PO BOX 289			
FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Physician Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Physician Receipt Transaction ID: C1252281 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼					
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ 300.00		FEC ID number of contributing		35034-0289	Amount of Each Receipt this Period 25.00
Primary General Other (specify) ▼ State Sip Code Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Name of Employer Self Employed			
C. John S Meigs, MD Mailing Address PO BOX 289 City State Zip Code Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 3 / 1 1 / 2 0 1 Transaction ID: C1252281 Amount of Each Receipt this Period 25.00		Primary General	Aggregate	1 1 1 1 1 1 1	
City Brent AL 35034-0289 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary Other (specify) ▼ State Zip Code AL 35034-0289 C Transaction ID: C1252281 Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date Aggregate Year-to-Date 300.00	_ С.	,			Date of Receipt
Brent AL 35034-0289 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 25.00 Aggregate Year-to-Date Aggregate Year-to-Date 300.00					03 11 2011
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Perceipt For: Aggregate Year-to-Date ▼ 300.00		•		•	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		FEC ID number of contributing		33034-0209	25.00
Primary General Other (specify) ▼ 300.00		Name of Employer Self Employed			
		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	\[\frac{1}{5}\]	SUBTOTAL of Receipts This Page (optional) .	1		150.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	24-4	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent FEC ID number of contributing federal political committee. Name of Employer Self Employed	State AL C Occupation Physicia		Date of Receipt M M M
_	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 300.00	
B.	Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent FEC ID number of contributing federal political committee. Name of Employer	State AL C	Zip Code 35034-0289	Date of Receipt M M M
	Receipt For: Primary General Other (specify) ▼	Physicia Aggregate	e Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) John S Meigs, MD Mailing Address PO BOX 289 City Brent FEC ID number of contributing federal political committee.	State AL	Zip Code 35034-0289	Date of Receipt M M M
	Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Physicia Aggregate		
	SUBTOTAL of Receipts This Page (optional)			75.00

IT I	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
<u> </u>	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic			solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Anne M Montgomery, MD Mailing Address 104 W 5Th Ave Ste 2	200W		Date of Receipt
				03 28 2011
	City Spokane	State WA	Zip Code 99204-4803	Transaction ID: C1259020
	FEC ID number of contributing federal political committee.	C	33204-4003	Amount of Each Receipt this Period 250.00
	Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Carlos Moreno, MD			Date of Receipt
	Mailing Address 935 Spring Ln			M M / D D / Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: C1252274
	Devon	PA	19333-1821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Information Requested	Occupation Information	on ion Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
	Mailing Address PO BOX 806527			03 29 2011
	City	State	Zip Code	Transaction ID: C1262053
	Chicago	IL	60680-4126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer UNIVERSITY OF ILLINOIS CO- LLEGE OF MEDI	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
QI	JBTOTAL of Receipts This Page (optional)			715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one) X
	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	sians Political Action Committee	
Full Name (Last, First, Middle Initial) Henry Kevin Purvis, MD		Date of Receipt
Mailing Address 875 W Alderman Rd City	State Zip Code	03 14 2011
Statesboro	GA 30458-6842	Transaction ID: C1253745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.25
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	
Full Name (Last, First, Middle Initial) Sterling N Ransone, Jr Mailing Address PO BOX 916		Date of Receipt
150 Deer Path		03 02 2011
City <u>Delta</u> ville	State Zip Code VA 23043-0916	Transaction ID: C1240608
FEC ID number of contributing federal political committee.	VA 23043-0916	Amount of Each Receipt this Period
Name of Employer Riverside Medical Group	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Elisabeth (Lisa) L Righter, Righter		Date of Receipt
Mailing Address UW Health Fox Valle 229 S Morrison St	y Family Medici	03 / 06 / 4 9 9
City <u>Appleton</u>	State Zip Code WI 54911	Transaction ID: C1241853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer University of WI School of Med. & Pub.	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		1291.25

American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd City State Zip Code OH 43026-9785 FEC ID number of contributing ederal political committee. Clame of Employer Grant Medical Center Perimary General Other (specify) Cull Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr City State Zip Code GA 31906-1443 Clame of Employer Columbus GA 31906-1443 Clame of Employer Columbus GA 31906-1443 Clame of Employer Corupation Grant Medical Center Aggregate Year-to-Date Cocupation Family physicias Aggregate Year-to-Date	FOR LINE NUMBER: PAGE 17 / 34 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
/	ans Political Action Committee	
Full Name (Last, First, Middle Initial) Sarah L Sams, MD		Date of Receipt
		03 28 2011
City	·	Transaction ID: C1259019
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00
Name of Employer Grant Medical Center		
_	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr		Date of Receipt
		03 28 2011
City	·	Transaction ID: C1259025
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Horizons Diagnostics		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Albert M Sterns, MD		Date of Receipt
Mailing Address 1021 Drexel Pkwy		03 18 2011
City	State Zip Code	Transaction ID: C1258205
Birmingham	AL 35209-6001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer N.W Ala Emerg Phys	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional) .		500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/34 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Glen R Stream, MD			Date of Receipt
Mailing Address 14408 E Sprague	Ave		03 28 2011
City Spokane Valley	State WA	Zip Code 99216-2167	Transaction ID: C1259024 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39210-2107	500.00
Name of Employer Rockwood Clinic	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Randell K Wexler, MD	I		Date of Receipt
Mailing Address 6040 Haybury Dr			03 29 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1260462
New Albany FEC ID number of contributing federal political committee.	ОН	43054-8691	Amount of Each Receipt this Period 500.00
Name of Employer Ohio State University	Occupatio Physicial		
Receipt For: Primary General		e Year-to-Date ▼ 1000.00	7
Other (specify) ▼	0 0		
Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD			Date of Receipt
Mailing Address 59 Tipton Dr			03 13 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1253367
<u>Dahlonega</u> FEC ID number of contributing federal political committee.	GA C	30533-1603	Amount of Each Receipt this Period 250.00
Name of Employer Chestatee Regional Hospit- al	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)		1250.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 19/34
	•		Use separate schedule(s) for each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physicians	s Political	Action Committee	
	Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD			Date of Receipt
	Mailing Address 59 Tipton Dr			03 / 31 / 2011
	City	State	Zip Code	Transaction ID: C1268076
	Dahlonega	GA	30533-1603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chestatee Regional Hospit- al	Occupation Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	10237.92

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using to the NAME OF COMMITTEE (In Full) American Academy of Family Physical Communication (In Full)	I Statements may he name and add	dress of any political committee to	FOR LINE NUMBER: PAGE 20 / 34 (check only one) 11a 11b 11c 12 13 14 X 15 16 17 con for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cr	reek Pkwy		Date of Receipt O 3 1 8 2 0 1 1
	City	State	Zip Code	Transaction ID: C1257995
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33211 2012	38.37
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1877.64	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Cr	reek Pkwy		03 25 2011
	City	State	Zip Code	Transaction ID: C1258907
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		496.42
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1877.64	7

SUBTOTAL of Receipts This Page (optional)	•	534.79
TOTAL This Period (last page this line number only)		534.79

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LIN	E NUMBE	R:		PA	GE	21 /	34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	16	21b 27	22 28a	П	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				for the pu		e of so	oliciting co			
NAME OF COMMITTEE (In Full)										
American Academy of Family Physicians	Political Action Committee	9								
Full Name (Last, First, Middle Initial) American Express				1		on ID:	D1158 ement	336		
Mailing Address PO Box 53852				0,3	М	1	6 /	ž	0 Ť	1 Y
City Phoenix	State Zip Code AZ 85072-3852			Amou	unt of	f Each	Disburse	men		
Purpose of Disbursement Bank card processing fee				<u> </u>				_	0.98	3
Candidate Name			egory/ ype							
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) American Express				Date	of Di	sburse				_
Mailing Address PO Box 53852				0 ^M 3	М	1	^D / Y	ž	0 1 ·	ı
City Phoenix	State Zip Code AZ 85072-3852			Amou	unt of	f Each	Disburse	men		
Purpose of Disbursement Bank card processing fee] L.					0.98	3
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Senate President	ement For: Primary General Other (specify)									
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Full Name (Last, First, Middle Initial) American Express				Date		sburse				V
Mailing Address PO Box 53852				0,3	IVI .	1	8 / Y	2	0 Ť	1
City Phoenix	State Zip Code AZ 85072-3852			Amou	unt of	f Each	Disburse	-		
Purpose of Disbursement			-						13.00)
Bank card processing fee Candidate Name			egory/ ype							
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	•	••							
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SUBTOTAL of Disbursements This Page (optional)			▶		<u> </u>				14.96	5

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians F	Political Action Committee	9	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D115839 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			12.46
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D115840 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$ $\begin{bmatrix} D & D & D \\ 2 & 1 & D \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
,	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			1.01
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D115841 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement			3.25
Bank card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:	· · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .		>	16.72

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	,		OR LIN			R:			PA	GE	23 /	34	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	-	П	22 28a	П	23 28b	$oldsymbol{\sqcup}$	24 28c		25 29		26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				/ persor		the pu		se of s	olicitir	g co		outions	5	
NAME OF COMMITTEE (In Full)														
American Academy of Family Physicians	Political Action Committe	ее												
Full Name (Last, First, Middle Initial) American Express						Trans Date of		on ID:			342			
Mailing Address PO Box 53852						0 ^M 3	М	[/] 2	2 8 P	Y	ž	0 1 ·	I	
City Phoenix	State Zip Code AZ 85072-3852					Amou	nt o	f Each	Disb	ırse	men	t this I	Perio	d
Purpose of Disbursement Bank card processing fee	7.12 0007.2 0002		v				_					0.65	5	
Candidate Name				gory/ pe										
Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)													
Full Name (Last, First, Middle Initial)														
American Express							of Di	isburs	ement				V	
Mailing Address PO Box 53852						0 ^M 3	M	[/] 2	9 9	Ľ	ž	0 Ť	L	
City Phoenix	State Zip Code AZ 85072-3852					Amou	nt o	f Each	Disb	ırse	men			d
Purpose of Disbursement Bank card collection fee								•				4.95	5	
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Senate President	ement For: Primary General Other (specify)													
State: District:														
Full Name (Last, First, Middle Initial) American Express							of Di	isburse	ement					
Mailing Address PO Box 53852						0 ^M 3	M	[/] 3	3 1	Y	ž	0 Ť	l ^Y	
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Purpose of Disbursement Bank card processing fee			*								•	4.95	5	
Candidate Name				gory/ pe										
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)													
State: District:	<u> </u>													
SUBTOTAL of Disbursements This Page (optional)				<u> </u>			-					10.55	5	

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 24/34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 O(1e) 22
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	le and address of any pointear	COMMINICE TO SO	ilet contributions from such committee
American Academy of Family Physicians	Political Action Committe	ee	
Full Name (Last, First, Middle Initial)			Transaction ID: D115831
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 4 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Phoenix	AZ 85072-3852		192.29
Purpose of Disbursement Bank card processing fee			192.29
Candidate Name		Category/	
		Туре	
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	• • • • • • • • • • • • • • • • • • •		
Full Name (Last, First, Middle Initial)			Transaction ID: D115832
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Phoenix	AZ 85072-3852		45.00
Purpose of Disbursement Bank card processing fee			45.02
Candidate Name		Category/ Type	
Office Sought: House Disburse	ement For:	1) 0	
Senate	Primary General		
President	Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Bank Of America Merchant Services			Transaction ID: D115834 Date of Disbursement
			03 01 01 2011
Mailing Address WA2-505-01-40 PO Box 2485			03 01 2011
City	State Zip Code		Amount of Each Disbursement this Period
Spokane	WA 99210-2485		050.11
Purpose of Disbursement Bank card processing fee			259.11
Candidate Name		Category/	
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	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Strict (opcomy)		
-			400.40
SUBTOTAL of Disbursements This Page (optional)			496.42

TOTAL This Period (last page this line number only)

538.65

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		•	ng the name	and addic	33 of arry political	COI		100 10 3	Onon oc	/	Juli	0113 11	OIII .	3ucii (2011111	iiiicc	
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Ма	ailing Address	PO Box 5197							0	3			7	L	2	0 1 1	
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Sta	ate: VI	President District: 00		Other (spe	ecify) 🔻												
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Ma	ailing Address		Avenue						0	3	1	D 2	2 8 ^D	/	ž	0 1 1	I
Cit		pro e c			Zip Code 48640				Am	our	nt of	Each	n Dis	burse	men	this F	Perio
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Sta	ate: MI	District: 04		Other (spe	ecity) 🔻												
	alling Address PO Box 5197 itity t. Croix State Zip Code VI 00823 2500.0 Amount of Each Disbursement this 2500.0 Amount of Each Disbursement 2500.0																
Ma	ailing Address	PO Box 531086	 3						0	3	1	D (7	/	ž	0 1 1	I
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Ca	ndidate Name					С											
	•	X House Senate		Primary	General		719										
Sta	ate: NV			Other (spe	ecity) 🔻												
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22) 28a	28b	24 28c	25 29	26 30	
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Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS				tion ID: D				
Mailing Address 830 NE Holladay, #	105		03	^D 28		0 1 1 °		
City Portland	State Zip Code OR 97232		Amount	of Each Disk	oursement	this Pe	riod	
Purpose of Disbursement Campaign contribution					250	00.00	_	
Candidate Name Rep. Earl Blumenauer		Category/ Type						
Office Sought: X House Senate President State: OR District: 03	bursement For: 2012 X Primary General Other (specify)							
Full Name (Last, First, Middle Initial)			Transac	tion ID: D	115835			
WHITFIELD FOR CONGRESS COMI	MITTEE			Disbursemer	nt	YY	7	
Mailing Address P.O. BOX 391			0.3	^D 29	2	011	_	
City HOPKINSVILLE	State Zip Code KY 42241		Amount	of Each Disk			riod	
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Candidate Name Rep. Edward Whitfield		Category/ Type						
Office Sought: X House Senate President State: KY District: 01	bursement For: 2012 X Primary General Other (specify)							
Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS			Date of [tion ID: D	nt		_	
Mailing Address 462 California Road			03	¹ 1 7	Ž Ž	0 1 1 °		
City Bronxville	State Zip Code NY 10708		Amount	of Each Disk	oursement	this Pe	riod	
Purpose of Disbursement Campaign contribution					250	00.00		
Candidate Name Rep. Eliot L. Engel		Category/ Type						
Office Sought: X House Senate President Dis	bursement For: 2012 X Primary General Other (specify)							
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NAME OF COMMITTEE (In Full)															
American Academy of Family Physicians	Political Ad	ction Committe	е												
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS							Trans Date		sburs	er		464			
Mailing Address PO Box 3176							0 ^M 3	М	/ D	0	7 /	Y 2	ž o ť	1 Y	
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State: NJ District: 06															
Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMM	ITTEE						Date of	of D	sburs	er		529			
Mailing Address PO Box 87							0 ^M 3	М	/ D	1 (0 /	Y 2	ž o ť	1 Y	
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Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK							Date		sburs	er		461			
Mailing Address PO Box 750114							0 ^M 3	М	/ D	0	7 /	Y 2	ž o ť	1 Y	
City Las Vegas	State NV	Zip Code 89136					Amou	nt o	f Eacl	h [Disburs	-			_
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Candidate Name Rep. Joe Heck					egory/ /pe										
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	Campaign contribution Candidate Name Rep. John D. Dingell						ateg								
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	Mailing Address P.O. BOX 661								0 3		0	^D /	2	011	
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	Candidate Name Rep. John Shimkus						ateg Typ								
	S	louse senate resident ict: 19	Disburser X	ment For: Primary Other (spe	2012 General ecify)										
	Full Name (Last, First, M JOHN SULLIVAN FO	,	SS INC								ion ID:	D115	5468		
	Mailing Address Po	st Office Box 4	170840						0 ^M 3	М	[′] 0	7 /	ž	011	Υ
	City Tulsa			State OK	Zip Code 74147				Amo	unt o	f Each	Disburs	emen	t this P	eriod
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American Academy of Family Physicians	Political Action Committe	ee												
Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS						Date		isburs	sei			/ · Y	Y	
Mailing Address PO Box 250						0 3			0	7	. 2	0 1	1	
City Newburgh	State Zip Code IN 47629					Amou	ınt o	f Eacl	h [Disburse	emer	nt this	Perio	d
Purpose of Disbursement Campaign contribution		Г	·	· ·		L.	-				10	0.00	0	
Candidate Name Rep. Larry Bucshon				egory/ ype										
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State: IN District: 08														
Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS						Trans Date		isburs	e		530			
Mailing Address PO Box 23940						0 ^M 3	М	/ D	1	0 /	2	0 1	1 ^Y	
City Santa Barbara	State Zip Code CA 93121					Amou	ınt o	f Eacl	h [Disburse	emer	nt this	Perio	d
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Candidate Name Rep. Lois Capps				egory/ ype										
Office Sought: X House Disburs	ement For: 2012 Primary General Other (specify)	<u> </u>		, po										
Full Name (Last, First, Middle Initial) MARTIN HEINRICH FOR CONGRESS, IN	IC.					Trans Date				D115	476			
Mailing Address 2118 CENTRAL AVENU	E SE					0 ^M 3	М	/ D	0	7 /	Ź	2 0 1	1 Y	
City Albuquerque	State Zip Code NM 87106					Amou	ınt o	f Eacl	h [Disburse	emer	nt this	Perio	d
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Candidate Name Rep. Martin Heinrich		ı		egory/ ype										
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NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians F	Political Action Committe	ee										
Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS						on ID: sburse	D115	658				
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Mailing Address 1487 PARKWAY DRIVE				0 3		1	1	. 2	01	1		
City BLACKFOOT	State Zip Code ID 83221			Amou	ınt of	Each	Disburs	emer	t this	Period		
Purpose of Disbursement Campaign contribution				T L.	_			10	00.00)		
Candidate Name Rep. Mike Simpson			egory/ ype									
	ment For: 2012	' '	ype									
Senate	Primary General											
President State: ID District: 02	Other (specify) ▼											
Full Name (Last, First, Middle Initial)				T		ID-	D11E	700				
PAUL TONKO FOR CONGRESS				Date	of Di	sburse						
Mailing Address 911 Central Avenue				0 3	M /	^D 2	^D /	Ž	0 1 ·	1		
•	State Zip Code NY 12206			Amou	ınt of	Each	Disburs	emer	t this	Period		
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Candidate Name Rep. Paul Tonko			egory/ ype									
	ment For: 2012	,	700									
	Primary General											
State: NY District: 21	Other (specify)											
Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS						on ID: sburse	D115	532				
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Mailing Address PO Box 823047				0 3		<u></u>	0		UI	<u> </u>		
	State Zip Code TX 75382			Amou	ınt of	Each	Disburs	-	-			
Purpose of Disbursement Campaign contribution		·	•		_	-		25	00.00)		
Candidate Name Rep. Pete Sessions			egory/ ype									
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Senate X	Primary General											
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American Academy of Family Physician	s Political Action Commit	ee									
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS						ion ID isburs	emen	_	65		
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City Marietta	State Zip Code GA 30060			Amo	ount c	of Each	n Disb	ourser	-	-	riod
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Candidate Name Rep. Phil Gingrey			egory/ ype								
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State: GA District: 11 Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS				_		ion ID	_		57		
Mailing Address 3069 Conquista Court				0,0	М	/ D	1 ^D	/ Y	ž 0	1 1 Y	
City Las Vegas	State Zip Code NV 89121			Amo	ount c	of Each	n Disb	ourser			riod
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Candidate Name Rep. Shelley Berkley			egory/ ype								
Office Sought: X House Senate President State: NV District: 01	rsement For: 2012 X Primary General Other (specify) ▼	•									
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS				_	of D	ion ID	emen				
Mailing Address 700 13th Street, NW Ste 307				o ^M S	3 ^M	/ D	0 ^D	/ L	ž 0	11	
City Washington	State Zip Code DC 20005			Amo	ount c	f Eacl	n Disb	ourser			riod
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Candidate Name Rep. Steny H. Hoyer			egory/ ype								
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	NAME OF COMMITTEE (In Full) American Academy of Family Physicians				
/	Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS				Transaction ID: D115466 Date of Disbursement
	Mailing Address P.O. BOX 24551				$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}\end{bmatrix}^M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	City PITTSBURGH		Zip Code 15234		Amount of Each Disbursement this Period
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	Candidate Name Rep. Tim Murphy			Category/ Type	
	Senate President	sement For: X Primary Other (specif	2012 General fy) ▼		
	State: PA District: 18 Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS				Transaction ID: D115475 Date of Disbursement
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	City Roswell		Zip Code 30077		Amount of Each Disbursement this Period
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	Roswell Purpose of Disbursement Campaign contribution Candidate Name Rep. Tom Price Office Sought: Senate President State: GA District: 06 Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS Mailing Address PO BOX 21093 City Catonsville Purpose of Disbursement Campaign contribution	sement For: X Primary Other (specif	2012 General fy) V	Туре	Transaction ID: D115473 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Roswell Purpose of Disbursement Campaign contribution Candidate Name Rep. Tom Price Office Sought: X House Senate President State: GA District: 06 Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS Mailing Address PO BOX 21093 City Catonsville Purpose of Disbursement Campaign contribution Candidate Name Sen. Benjamin L. Cardin	sement For: X Primary Other (specif	2012		Transaction ID: D115473 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	American Academy of Family Phys	icians Political Action Committee					
	Full Name (Last, First, Middle Initial)			Transaction ID:	D115474		
	TRUST PAC TEAM REPUBLICANS	S FOR UTILIZING SENSIBLE		Date of Disburser	ment		
	Mailing Address 228 S. Washingto Suite 115	on Street		03 0 7	7 2	0 1 1 °	
	City Alexandria	State Zip Code VA 22314		Amount of Each D			riod
	Purpose of Disbursement Campaign contribution				25	00.00	
	Candidate Name Rep. Fred Upton		Category/ Type				
	Senate President	Disbursement For: Primary General Other (specify)					
	State: MI District: 06						

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